METROPOLITAN LIFE INSURANCE COMPANY

GPNP99-LTC-CA01/GC.LTC899F0-CA01-C

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	☐ 0 days	☐ 60 days	TYPE	
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	Lifetime	☐ 20 days	✓ 90 days	Calendar Day	
	Company Notes 5, 2190, 2555 (No.)		Nursing Facility	✓ 30 days	☐ 100 days	☐ Service Day	
	Yrs. also available.		runonig r domiy	Inflation Pr	otection		
				✓ 5% Compe		nteed Purchase Option ant Company Notes	
Nursing Ho	me Daily Ben	efit Amounts	3			ant Company Hotes	
	n to \$300 maximorements of \$10.		-				
☐ Not Availal	ble						
✓ Important 0	Company Notes	:		Residential	Care Facility D	Paily Benefit Amounts	
These services are reimbursed up to 100% of the daily benefit			Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75%				
				✓ 100% ✓ 70%	✓ 90%	ompany Notes	

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	\$625	\$185	\$600	\$324	\$1,091
55	\$301	\$840	\$289	\$807	\$491	\$1,411
60	\$477	\$1,135	\$458	\$1,090	\$748	\$1,830
65	\$778	\$1,574	\$747	\$1,510	\$1,167	\$2,426
70	\$1,268	\$2,214	\$1,216	\$2,122	\$1,887	\$3,387
75	\$2,058	\$3,150	\$1,971	\$3,016	\$3,038	\$4,779
80	\$3,291	\$4,503	\$3,149	\$4,306	\$4,814	\$6,766

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

METROPOLITAN LIFE INSURANCE COMPANY

GPNP99-LTC-CA01/GC.LTC899F0-CA01-S

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
	☐ 2 Yrs. ✓ 6 Yrs. ompany Notes: , 2190, 2555 (No. of c	✓ 3 Yrs. ✓ 7 Yrs. days) times the Nu	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
	Yrs. also available.	• /	o ,	Inflation Protection			
				✓ 5% Compou		ed Purchase Option Company Notes	
Nursing Hon	ne Daily Benef	fit Amounts			_ important company trotoc		
\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month							
\square Not Availab	le						
✓ Important C	ompany Notes:			Residential (Care Facility Daily	y Benefit Amounts	
•	e reimbursed up to 10	00% of the daily b	enefit	Represents the Benefit Amount 100% 70%	percentage of the N	30% ✓ 75%	

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	\$600	\$168	\$545	\$295	\$993
55	\$289	\$807	\$261	\$731	\$445	\$1,283
60	\$458	\$1,090	\$413	\$986	\$676	\$1,661
65	\$747	\$1,510	\$671	\$1,364	\$1,050	\$2,197
70	\$1,216	\$2,122	\$1,088	\$1,912	\$1,692	\$3,059
75	\$1,971	\$3,016	\$1,758	\$2,711	\$2,714	\$4,303
80	\$3,149	\$4,306	\$2,800	\$3,858	\$4,285	\$6,068

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

UNUM LIFE INSURANCE COMPANY OF AMERICA

TQGLTC95 ER NFR

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum P	Policy Benefit A	Amounts		Elimination Periods			
☐ 1 Yr. ☐ 5 Yrs. ☐ Important C	✓ 2 Yrs.✓ 6 Yrs.Company Notes:	✓ 3 Yrs.	☐ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
				Inflation Pro	tection		
Nursina Hor	ne Daily Bene	fit Amounts		✓ 5% Compou		ed Purchase Option Company Notes 200% of the original	
\$1000 minimu	um to \$6000 max d in increments o per week	kimum per [day		monthly benefit an		·	
☐ Important C	Company Notes:			Residential (Care Facility Daily	/ Benefit Amounts	
_ important c	rempany Notes.			Represents the Benefit Amount 100%	e percentage of the N t.	0%	

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$160	\$449	\$139	\$399	\$231	\$643
55	\$227	\$567	\$202	\$504	\$319	\$802
60	\$353	\$752	\$311	\$668	\$487	\$1,037
65	\$626	\$1,172	\$554	\$1,037	\$844	\$1,579
70	\$1,079	\$1,777	\$958	\$1,575	\$1,441	\$2,381
75	\$2,003	\$2,982	\$1,777	\$2,646	\$2,633	\$3,923
80	\$3,247	\$4,448	\$2,877	\$3,944	\$4,221	\$5,779

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.